



Protocols Submitted for 2nd Quarter 2013

24 Total submissions

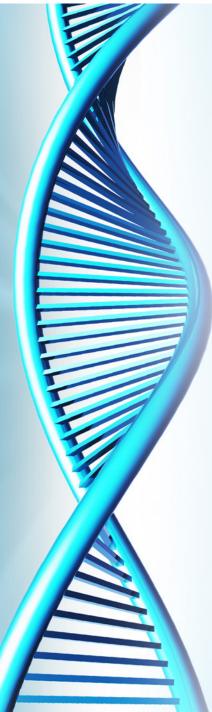
Disease indications for the protocols (17) not selected:

- 13 for Cancer
- 3 for Infectious diseases (HIV)
- 1 for Parkinson's Disease

Vectors	
2 Retroviruses	3 Plasmids
4 adenoviruses	1 RNA
1 AAV	1 Transposan
1 Herpes Simplex Virus	

Serious Adverse Events

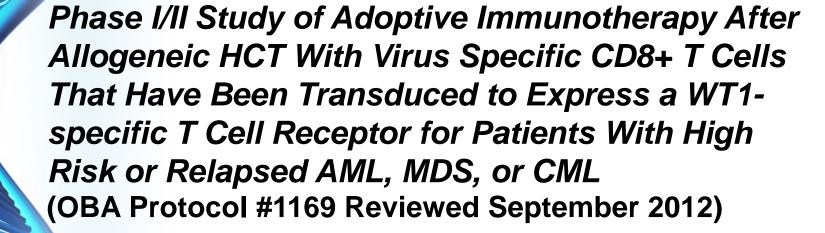
14 serious adverse events were reviewed by the GTSAB from 10 protocols, including initial and follow-up reports. No events will be discussed today.



Opening of New Protocols 2nd Quarter 2013

 15 Protocols notified OBA of enrollment (MIC1 submission).

 The following highlights the responses received from two publicly reviewed protocols.



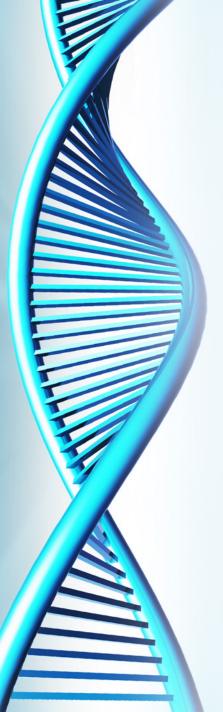
- Plasma samples will be stored for future cytokine analysis in the event that a systemic inflammatory reaction occurs.
- The consent form has been modified to explicitly state that approximately onehalf of the individuals who participate in this trial are not likely to relapse and thus will not require further treatment.



A Phase II, Randomized, Open Label Study of Ad-RTS-hIL-12 Monotherapy or Combination with Palifosfamide-tris in Subjects with Recurrent/Metastatic Breast Cancer and Accessible Lesions (OBA Protocol #1189 Reviewed December 2012)

In the absence of an available tumor lesion, only lymph nodes that are pathologic may be injected. In addition, further studies will be conducted on injected lymph nodes to determine the types of cells that are transduced, the biodistribution of those cells, and the persistence of the vector in those cells.

 In light of a death of a subject from infection in a previous trial for melanoma, investigators are instructed to conduct an analysis to determine if a potential injectable lesion is harboring an infection and avoid injection.



T cell Immunotherapy – Optimizing Trial Design

A workshop to examine the state of the science for protocols using modified T cells and chimeric antigen receptors including a review of the clinical data to date, the selection of new targets, the most recent research on preconditioning and T cell cytokine support and the management of adverse events.

Hyatt Regency, Bethesda, MD September 10-11, 2013



Questions?



OTHER PROTOCOLS INITIATED THIS QUARTER

0804-911 Phase I/II Study of Carbonic Anhydrase IX – Molecular Targeted Kidney Cancer Vaccine Therapy

1007-1052 Pilot and Feasibility of Hematopoietic Stem Cell Gene Transfer for Wiskott-Aldrich Syndrome

1010-1071 A Pilot Study of Genetically Engineered NY-ESO-1 Specific (c259) T cells in HLA-A2+ Patients with Synovial Sarcoma

1110-1125 A Phase I Trial of Multiple Dose VB-111 and Weekly Paclitaxel for the Treatment of Recurrent Platinum-Resistant Müllerian Cancer

1204-1161 A Phase I Feasibility and Safety Study of Cellular Immunotherapy for Relapsed Pediatric CD19+ Acute Lymphoblastic Leukemia Using Autologous T-cells Lentivirally Transduced to Express a CD19-Specific Chimeric Antigen Receptor

1204-1165 A neoadjuvant immunologic study of androgen deprivation therapy combined with a GM-CSF-secreting allogeneic prostate cancer vaccine and low-dose cyclophosphamide in men with high-risk localized prostate, cancer undergoing radical prostatectomy



OTHER PROTOCOLS INITIATED THIS QUARTER

1209-1182 Autologous Activated T cells Transduced with a 3rd Generation GD-2 Chimeric Receptor and iCaspase9 Safety Switch Administered to Patients with Relapsed or Refractory Neuroblastoma (GRAIN)

1209-1184 An Open-label, Randomized Phase Ilb/III
Active Control Study of Second-line HyperAcute®-Lung
(tergenpumatucel-L) Immunotherapy versus Docetaxel in
Progressive or Relapsed Non-Small Cell Lung Cancer

1209-1185 A Randomized Placebo-controlled Phase II Trial of Irradiated, Adenovirus Vector Transfected GM-CSF Secreting Autologous Leukemia Cell Vaccination (GVAX) Versus Placebo Vaccination in Patients with Advanced MDS/ AML after Allogeneic Hematopoietic Stem Cell Transplantation

1212-1197 Dose Optimization Trial of Autologous T Cells Engineered to Express Anti-CD19 Chimeric Antigen Receptor (CART-19) in Patients with Relapsed or Refractory CD19+ Chronic Lymphocytic Leukemia (CLL)